

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10713696

FILED DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5		4				
6	1					
7	1					
8		5				
9		4				
10		1				
11		5				
12		4				
13		1				
14						
15		1				
16		1				
17		5				
18						
19						
20						
21						
22		5				
23		4				
24		1				
25						
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40						
41						
42						
43						
44						
45						
46						
47						
48	1					
49		1				
50						
TOTAL IND.	7					
TOTAL DEP.	35					
TOTAL CLAIMS	42					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						